24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SCHEDULE E)	PAGE 1 OF 22 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼
House Majority PAC	
	C C00495028
Check If X 24-hour report 48-hour report New report Amends report	filed on M M / D D / Y Y Y Y Y
Full Name (Last, First, Middle Initial) of Payee	Date
Mission Control, Inc.	M = M / D = D / Y = Y = Y
Mailing Address 114 A Mansfield Hollow Road	11012012
TTT// Maileriou Figure Road	Amount
City State Zip Code	
Mansfield Center CT 06250	9230.28
Purpose of Expenditure Category/	Transaction ID : D658543 Office Sought:
Direct Mail Category/ Type	Sanata
	President District: 36
Name of Federal Candidate Supported or Opposed by Expenditure:	
Mary Bono Mack	Check One: Support X Oppose
Calendar Year-To-Date Per Election	Disbursement For: Primary 🔀 General
for Office Sought 330540.45	O12 Other (specify)
Full Name (Last, First, Middle Initial) of Payee Waterfront Strategies	Date
Watermont Ottatogios	11 01 Y Y Y Y Y Y
Mailing Address 3050 K Street, NW	
Suite 100	Amount
City State Zip Code	49820.00
Washington DC 20007	Transaction ID : D658633
	Office Sought: House State: AZ
Television Advertising Type	Senate District: 09
Name of Federal Candidate Supported or Opposed by Expenditure:	President
	Check One: Support X Oppose
Volloil Laikei	
Caleridal Teal-To-Date Fel Election 494440 01	Disbursement For: Primary General 012 —
for Office Sought	Other (specify)
_ L	
(a) SUBTOTAL of Itemized Independent Expenditures	59050.28
(a) CODITOTAL OF HOMEZOG INCOPORTION EXPORTANCES	33030.20
(b) CURTOTAL of Unitersized Independent Funesditures	
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	·
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
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Shannon Roche [Electronically Filed] Date	11 02 Y Y Y Y Y Y
Signature	